#### **Action Plan 1. Breastfeeding Rates For FY17**

**Desired result** All children are healthy.

## Target population

Pregnant women, breastfeeding women, and their infants/children.

# Story behind the action plan

Iowa WIC breastfeeding initiation rates have increased on average 2.9% per year for the last 10 years. The 2015 data showed a 1.36% increase over 2014 data. Iowa WIC breastfeeding initiation rates continue to lag behind those of the entire population by 12.84% in 2015.

Breastfeeding duration rates for WIC have been relatively flat with only a one percent average increase in the last ten years. This trend may be partially explained by Iowa's high rates of women with young children in the work force and the general lack of breastfeeding support at many work sites across the state. In addition, many people including health professionals do not see a health difference between breastfeeding and formula feeding. Therefore, when mothers initiate breastfeeding but lose patience and confidence in their ability to succeed, they lack support from their social networks and from many health professionals to continue breastfeeding. Peer support for breastfeeding mothers is limited to about one-third of the state.

See FFY2016 status report for data trends over the past ten years.

#### **Objective**

By September 30, 2017, increase the proportion of Iowa WIC participants who breastfeed from 67.2% to 70.1% at birth and from 22.06% to 23.1% at 6 months.

Data source: 2015 IWIN Breastfeeding Duration Report.

Continued on next page

### Error! Use the Home tab to apply Map Title to the text that you want to appear here., Continued

#### **Activities**

The following activities are planned to meet this objective.

Support and facilitate the work of the Iowa Breastfeeding Coalition (IBC).

By September 30, 2017 three more issues of the newsletter for the IBC will be printed and distributed by the Iowa WIC Program.

By September 30, 2017, develop a new Counseling Guide on the topic of returning to work. This would be the 7<sup>th</sup> title in the Counseling Guide for Health Care Professionals series.

#### **Potential** partners

Potential partners in carrying out these activities include the following:

Local WIC agency staff

Iowa Breastfeeding Coalition members

Community-based breastfeeding coalition members

#### Lead staff

Holly Szcodronski, RD, LD, CBE

**Evaluation plan** The table below describes the evaluation plan.

How much did we do?	How well did we do it?	
# Iowa Breastfeeding Coalition	% meetings held	
(IBC) meetings		
# issues IBC newsletter	% newsletter issues completed	
Who is better off?		
# local agencies with increased	% local agencies with increased	
breastfeeding initiation rates	breastfeeding initiation rates	
# local agencies with increased	% local agencies with increased	
duration rates at 6 months	duration rates at 6 months	
# local agencies with increased	% local agencies with increased	
duration rates at 12 months	duration rates at 12 months	

## **Action Plan 2. Breastfeeding Peer Counseling Program**

Desired result	All children are healthy.	
Target population	Pregnant women, breastfeeding women and their infants/children.	
Story behind the action plan	See Action Plan 1.	
Objective	By September 30, 2017, maintain the WIC Breastfeeding Peer Counselor Program in Iowa.	
Activities	The following activities are planned: By September 30, 2017, hold at least one face to face meeting with the local agency breastfeeding peer counselor coordinators and peer counselors. By September 30, 2017, reevaluate bimonthly conference calls with the agency peer counselor coordinators. By September 30, 2017, conduct at least one onsite visit per breastfeeding peer counselor agency by the state WIC breastfeeding peer counselor manager using the newly developed review tool, WIC Breastfeeding Peer Counselor Site Visit Review Tool. Evaluate and provide ongoing technical assistance through September 30, 2017 to peer counselor program agencies throughout transition from manual to electronic record keeping.	
Potential partners	Potential partners in carrying out these activities include the following: Local WIC agency staff at the selected agencies Community-based breastfeeding coalition members in the service areas of the selected WIC agencies Local hospitals IBCLCs in the service areas of the selected WIC agencies Local healthcare professionals Focus support team	
Lead staff	Jane Stockton, RN, CLC and Holly Szcodronski, RD, LD, CBE	

# Error! Use the Home tab to apply Map Title to the text that you want to appear here.**Peer Counseling Program,** Continued

**Evaluation plan** The table below describes the evaluation plan.

How much did we do?	How well did we do it?	
# Local agencies provided technical	% Local agencies provided technical	
assistance on transition to electronic record	assistance on transition to electronic record	
keeping.	keeping.	
# Peer counselors trained by breastfeeding	% Peer counselors trained by breastfeeding	
peer counseling coordinators on use of the	peer counseling coordinators on use of the	
new electronic data system.	new electronic record keeping system.	
Who is better off?		
# breastfeeding peer counseling	% breastfeeding peer counseling	
coordinators who report proficient use of	coordinators who report proficient use of	
new electronic data system by the local	new electronic data system by the local	
agency peer counselors	agency peer counselors	

# Action Plan 3: Partner with the INN on a media campaign to motivate mothers of children age two and up to choose fat-free or low-fat milk.

#### **Objective**

In 2017 the Iowa WIC Program will collaborate with the Iowa Nutrition Network (INN) on a media campaign to promote the nutrition message "*Their bodies change, so should their milk*".

# Purpose statement

Since 1995, the Dietary Guidelines for Americans have recommended consumption of nonfat and low fat milk and milk products. WIC also has a vested interest in decreasing childhood obesity. With these two things in mind, in 2014 FNS added a provision to the final food rule that fat-free and low-fat (1%) milks are to be the standard issuance for children ≥ 24 months of age and women. Whole milk is the right choice for 1-year olds. They need whole milk for healthy growth and brain development but starting at age 2, children grow just fine with 1% or fat-free milk. One percent and fat-free milk have the same bone and muscle-building amounts of protein, calcium and vitamin D as whole milk. This campaign is designed to motivate mothers of children age two and up to choose 1% or fat-free milk and by collaborating with the Iowa Nutrition Network we can increase the reach of our message and reduce the resources needed to get this message out.

#### **Action steps**

- 1. By November 18, 2016 a meeting will be held between the Iowa WIC Program and the Iowa Nutrition Network (INN) to start collaborating on promoting the media campaign "Their bodies change, so should their milk."
- 2. By January 6<sup>th</sup>, 2017 start working with Iowa Public Television (IPTV) to contract for an advertising slot(s).
- 3. By February 28, 2017 the WIC name/logo will be added to the INN's messaging we will be using.
- 4. By March 1, 2017 start the media campaign to promote the nutrition message "Their bodies change, so should their milk".
- 5. By October 1, 2017 the media campaign will end.

#### Lead staff

Nikki Davenport RD, LD

#### Action Plan 3: Continued

**Evaluation plan** Completion of this action plan will be evaluated by the:

- 1. Completion of the steps as scheduled.
- 2. The invoice documenting the low fat milk media campaign was done.

#### Resources required

The resources required will include the following:

- 1. Financial resources for conducting a media campaign (estimated \$5,000).
- 2. Staff time to meet and collaborate with INN and IPTV staff to successfully conduct this media campaign.

# **Action Plan 4 - Outreach to Elementary Schools through the Iowa School Grant Program**

#### **Objective**

By June 1, 2017, WIC outreach information will be developed and incorporated into newsletters that are distributed to families participating in the Iowa School Grant Program.

# Purpose statement

In order for schools to participate in the Iowa School Grant Program, at least sixty percent of the children must be eligible for Free and Reduced Priced Lunches. Many of the children attending these schools would be eligible for WIC. Increasing the Iowa School Grant Program families' knowledge about the WIC Program will help them understand how the WIC Program can benefit their family (including age eligible siblings and eligible mothers). This will have a positive impact on participation rates. These families will benefit with the additional services WIC can provide.

#### Action

By October 31, 2016, develop the content for the Iowa School Grant Program and determine which newsletters will include WIC information.

By November 30, 2016, finalize and approve the content for the Iowa School Grant newsletters with the Iowa School Grant Program Coordinator.

By May 31, 2016, all newsletters will be distributed with WIC outreach information.

#### **Lead Staff**

Kimberly Stanek, RD, LD and Nicole Newman, RD, LD

#### **Evaluation**

Completion of this action step will be evaluated in the following ways: Determination of the number of newsletters distributed by county.

#### Resources Required

The resources required include staff time to complete the action plan.

#### Action Plan 5: Food Delivery and Data System Action Plan

**Objective** To retain 90% of grocery vendors in the Iowa WIC program through

September 30, 2017, after the implementation of eWIC throughout the State

of Iowa.

Purpose statement

To maintain a working relationship with grocery stores to ensure their ongoing cooperation in helping the State to fulfill its responsibility of providing quality nutrition program for women, infants and children at

nutritional risk.

**Action steps** Maintain open communication with the vendor community.

Provide prompt payment and assistance with payment problem resolution.

Continued vendor monitoring to mitigate potential issues.

Provide sales to vendors indicating an intent to leave the program.

Lead staff Brandy Benedict, MBA and Ken Kane

**Evaluation plan** Monitor the number of vendors participating in the Program annually.

Resources required

MIS (Focus) reporting.

eWIC system (WIC Direct) reporting.

Vendor Representative.